



SEMINOLE COUNTY SHERIFF'S OFFICE GEORGIA SEX OFFENDER REGISTRATION FORM

SECTION I: OFFENDER INFORMATION

Prefix	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
First Name*	Middle Name	Last Name*	Suffix <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	Social Security Number*		
Date of Birth*	Current Age		
Landline (Home) Phone #* (Write N/A if none)	Mobile (Cell) Phone #1* (Write N/A if none)		
Other Phone # (Other # you can be reached at) (Write N/A if none)	Mobile (Work) Phone #2* (Write N/A if none)		
Offender Type <input type="checkbox"/> Sex Offender <input type="checkbox"/> Predator	Risk Level <input type="checkbox"/> Not Leveled <input type="checkbox"/> Cannot Level <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Predator		
Offender Status <input type="checkbox"/> Absconder <input type="checkbox"/> Awaiting Deportation <input type="checkbox"/> Compliant <input type="checkbox"/> Compliant/Hospice, Nursing Home, Residential Health Care Facility <input type="checkbox"/> County Jail <input type="checkbox"/> Deceased <input type="checkbox"/> Deported <input type="checkbox"/> Detention Center <input type="checkbox"/> Incarcerated – GA <input type="checkbox"/> Incarcerated – Out of State <input type="checkbox"/> Local Jail <input type="checkbox"/> Moved Out of State <input type="checkbox"/> Out-of-Country <input type="checkbox"/> Pending <input type="checkbox"/> Visiting			
Height*	Weight*	Hair Color*	Eye Color*
Race* <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> White			
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Birth State	Birth Country	
Passport #	Immigration Status	Immigration ID #	

SECTION II: ADDRESSES

Type	<input type="checkbox"/> Mailing Address Only <input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> Temporary		
Description			
Primary (physical -main address where offender lives) Number and Street*			
City*	State*	Zip*	County
Temporary Address (occupies a specific time period) Number and Street*			
City*	State*	Zip*	County
Other (stays on a regular basis but not as often as primary)* / Sleeping Location (Homeless)			
City*	State*	Zip*	County*
Mailing Address (where he receives mail, including P.O. Box)*			
City*	State*	Zip*	County*
If Reside in a Mobile Home, include Permit Number*	Description including Color Scheme*		
If Reside in a Manufactured Home, include Name/Address of Owner	Description including Color Scheme*		

SECTION III: ALIASES			
First Name*	Middle Name		Last Name
First Name*	Middle Name		Last Name
First Name*	Middle Name		Last Name
First Name*	Middle Name		Last Name
SECTION IV: ALTERNATE IDENTIFIERS			
DOB	SSN		SID
SECTION V: EMPLOYMENT			
<i>Primary Place of Employment*</i>			
Occupation			
Additional / Other Employment Information			
Employer Telephone Number			
Employer Address Number and Street*			
City*	State*	Zip*	County*
Date of Employment* (Start date)	Work Hours		Supervisor Name and Contact #
Job Description			End Employment Date
<i>Secondary Place of Employment*</i>			
Occupation			
Additional / Other Employment Information			
Employer Telephone Number			
Employer Address Number and Street*			
City*	State*	Zip*	County*
Date of Employment* (Start date)	Work Hours		Supervisor Name and Contact #
Job Description			End Employment Date
SECTION VI: LICENSES			
Driver License #	Issuing State		Expiration Date
Professional License #	Type		Issuing Agency
Issuing State	Expiration Date		

SECTION VII: OFFENSES {List offenses that require registration as a sex offender}				
<i>In-State Offense *</i>		Offense*		
Conviction Date*		Offense Date*		Court of Conviction
Were you convicted under First Offender Act? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>In-State Offense*</i>		Offense*		
Conviction Date*		Offense Date*		Court of Conviction
Were you convicted under First Offender Act? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<i>Out-of-State Offense*</i>		Offense*		Convicted as a Juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No
Conviction Date*		Offense Date*		Court of Conviction
<i>Out-of-State Offense*</i>		Offense*		Convicted as a Juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No
Conviction Date*		Offense Date*		Court of Conviction
VICTIM INFORMATION				
Age	Sex	Race	Relationship	
Age	Sex	Race	Relationship	
Age	Sex	Race	Relationship	
Age	Sex	Race	Relationship	
SECTION VIII: PROBATION / PAROLE				
Are you on Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date _____				
Are you on Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No Start Date _____				
Officer's Name: _____				
City		State	Zip	Phone #
Agency's Name _____				
SECTION IX: SMTs {Scars / Marks / Tattoos}				
Artificial Body Parts / Deafness / Deformities / Drugs / Eye Disorders / Fractured Boned / Healed Fractured Bones / Medical Conditions & Diseases / Medical Devices & Implants / Missing Body Parts or Organs / Moles / Needle Marks / Other Physical / Removed Tattoos / Skin Discoloration / Tattoos / Therapeutic Drugs}				
SMT Type		_____		
SMT Location		_____		
Additional Description		_____		
SECTION X : SCHOOL INFORMATION – IF CURRENTLY ENROLLED				
Name of School*			Date of Enrollment	
Additional Info: Enrolled <input type="checkbox"/> Part Full <input type="checkbox"/> Full Time		Name of Campus you Attend		School Telephone Number
Address Number and Street*				
City*		State*	Zip*	County

SECTION XI: BOAT INFORMATION									
Registration #*			Registration State*			Registration Expiration Year*			
Hull Serial #*		Make*		Model*			Year*		
Type		Color*		Additional Colors*					
Outer Hull Material		Hull Shape		Propulsion			Length		
Home Port		Boat Name*		Coast Guard #					
SECTION XII: VEHICLE INFORMATION									
VEHICLE #1: Tag #*			State*		Tag Type* (See SORT List)			Expiration	
VIN		Vehicle Type			Year*		Make*		
Model*		Style		Color*		Vehicle Ownership <input type="checkbox"/> Loaner <input type="checkbox"/> Other <input type="checkbox"/> Personal <input type="checkbox"/> Acquaintance <input type="checkbox"/> Member of Household <input type="checkbox"/> Relative <input type="checkbox"/> Rental <input type="checkbox"/> Work			
Additional Details					General Parking Locations				
VEHICLE #2 Tag #*			State*		Tag Type* (See SORT List)			Expiration	
VIN		Vehicle Type			Year*		Make*		
Model*		Style		Color*		Vehicle Ownership: <input type="checkbox"/> Loaner <input type="checkbox"/> Other <input type="checkbox"/> Personal <input type="checkbox"/> Acquaintance <input type="checkbox"/> Member of Household <input type="checkbox"/> Relative <input type="checkbox"/> Rental <input type="checkbox"/> Work			
Additional Details					General Parking Locations				
VEHICLE #3 Tag #*			State*		Tag Type* (See SORT List)			Expiration	
VIN		Vehicle Type			Year*		Make*		
Model *		Style		Color*		Vehicle Ownership: <input type="checkbox"/> Loaner <input type="checkbox"/> Other <input type="checkbox"/> Personal <input type="checkbox"/> Acquaintance <input type="checkbox"/> Member of Household <input type="checkbox"/> Relative <input type="checkbox"/> Rental <input type="checkbox"/> Work			
Additional Details					General Parking Locations				
SECTION XIII: SPOUSE AND FAMILY INFORMATION (NOT REQUESTED IN SORT)									
Select One:		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced							
Spouse / Significant Other							DOB		
Address									
City				State			Phone		
Mother's Name							DOB		

Address			
City		State	Phone
Father's Name			DOB
Address			
City		State	Phone
Nearest Relative/Friend			DOB
Relationship			
Address			
City		State	Phone
SECTION XIV: OTHER INFORMATION			
Do you use alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO		Brands	
Do you use tobacco? <input type="checkbox"/> YES <input type="checkbox"/> NO		Brands	
Date Released from Prison, Placed on Probation, Parole or Supervised Release*:			
SECTION XV: NOTIFICATIONS			
Notice to Offender			
You must re-register with the sheriff's office in person within <i>72 hours prior</i> to your birthday; <i>72 hours prior</i> to any change of address; <i>within 72 hours</i> of change of employment or school status.			Initial:
Attached is a copy of the Georgia Sex Offender Registration Notification Form that advises you of your responsibilities. Review and initial each provision.			Initial:
By signing this, you understand that failure to comply with these or any other requirements of the Georgia Sexual Offender Registry, may result in your arrest and prosecution. Any person who knowingly <i>provides false information</i> or <i>fails to comply with the above requirements</i> shall be guilty of a felony punishable by one to thirty years in prison on the first offense.			Initial:
Attached is a copy of the Sex Offender Registration laws. Initial to the right to acknowledge receipt of this law.			Initial:
Offender's Signature*:			
Date:			
Deputy's Signature*:		Date:	
Remarks:			
SECTION XVI: SHERIFF'S OFFICE PERSONNEL			
Date of Registration*:		Fingerprints Taken*:	
Photo Taken*:		SRN Number*:	
Offense date places offender in the following proximity restriction time period (check one):			
<input type="checkbox"/> Prior to June 4, 2003		<input type="checkbox"/> June 5, 2003 – June 30, 2006	
<input type="checkbox"/> July 1, 2006 – June 30, 2008		<input type="checkbox"/> July 1, 2008 and thereafter	